

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

**COPY
RECEIVED**


PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: (a) Candidate Name: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Robert A. Finberg</div> (b) Committee Name: <u>Friends of Robb Finberg</u> (c) Mailing Address: <u>532 Kolohala Drive</u> <div style="text-align: right; margin-right: 50px;"><u>Kula</u> <u>HI</u> <u>96790</u></div> (d) Phone (Bus) _____ (Res) <u>808-876-1534</u> <div style="text-align: center; margin-top: 5px;">Treasurer's</div>	SECTION II-TYPE OF REPORT: (See the Schedule of Reporting Dates to complete this section) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> 1st Preliminary Primary <input type="checkbox"/> 2nd Preliminary Primary <input type="checkbox"/> Final Primary <input type="checkbox"/> Preliminary General <input type="checkbox"/> Final Election Period <input type="checkbox"/> Supplemental </div> <div style="width: 35%;"> <input type="checkbox"/> Amended <input type="checkbox"/> Short Form ¹ <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> REPORTING PERIOD <u>01/01/2004</u> through <u>06/30/2004</u> </div>
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SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
1. Cash on Hand at the Beginning of the Election Period..... ²		0.00	1
2. Cash on Hand at the Beginning of this Reporting Period.....	0.00		2
3. Total Receipts (From Line 15).....	2885.00	2885.00	3
4. Subtotal (Add lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	2885.00	2885.00	4
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	899.30	899.30	5
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).....	1985.70	1985.70	6
7. Total Loans at the Closing of this Reporting Period.....	0.00		7
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	477.71		8
9. Debts Owed at the Closing of this Reporting Period (Add lines 7 and 8).....	477.71		9
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	1507.99		10

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

 7/30/04
Candidate Signature Date

 7/30/04
Treasurer Signature Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.
² Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.
 An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV - DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
 (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	70.00	70.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	2815.00	2815.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	2885.00	2885.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0.00	0.00	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0.00	0.00	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))	0.00	0.00	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii))	2885.00	2885.00	12
13. Public Funds and Other Receipts	0.00	0.00	13
14. Loans	0.00	0.00	14
15. Total Receipts (Add Lines 12 through 14)	2885.00	2885.00	15
DISBURSEMENTS			
16. Expenditures	899.30	899.30	16
17. Loans Repaid or Forgiven	0.00	0.00	17
18. Unpaid Expenditures Paid or Forgiven	0.00	0.00	18
19. Subtotal Disbursements (Add Lines 16 through 18)	899.30	899.30	19
20. Unpaid Expenditures	477.71		20
21. Total Disbursements (Add Lines 19 and 20)	1377.01		21

CHECK ONLY ONE BOX
 USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW
☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES
☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Robb Finberg

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DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
02/10/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Dr. Richard H. Pohle 17100 Haleakala Hwy Pukalani HI 96790-9704		400.00	400.00
02/25/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Lawrence V. Beckley PO Box 880242 Pukalani HI 96788-0242		500.00	500.00
03/15/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Les Krenk 2777 S. Kihei Road I-110 Kihei HI 96753	Self Employed	1000.00	1000.00
		Pharmacy owner		
06/03/2004	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Russell Karaviotis PO Box 1298 Makawao HI 96768		450.00	450.00
06/09/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Dr. Richard H. Pohle 17100 Haleakala Hwy Pukalani HI 96790-9704		215.00	615.00
06/21/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Myles Kawakami PO Box 2115 Kahului HI 96732		250.00	250.00
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)			2815.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii))			2815.00	

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Robb Finberg

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DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
02/12/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : checks	16.50
02/13/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kinko's 395 Dairy Road Kahului HI 96732	5019H Printing - T-Shirts : 3 shirts	46.87
02/20/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : cashier's check fee	8.00
02/20/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Office of Elections Maui County Clerk's Office 200 S. High Street Wailuku HI 96793	5005 Filing Fees : File Nomination Papers	250.00
03/17/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kinko's 395 Dairy Road Kahului HI 96732	5019H Printing - T-Shirts : transfers	23.44
03/19/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Deluxe.com Deluxe Corporation 3680 Victoria St. North Shoreview MN 55126-2966	5014C Office Expenses - Office Supplies : deposit slips	58.29
03/30/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Office Max 270 Dairy Road Kahului HI 96732	5014C Office Expenses - Office Supplies : receipt books, stamp	32.26

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)	435.36
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)	

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Robb Finberg

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DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
03/31/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : monthly fee	4.08
04/30/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : monthly fee	3.30
05/28/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : monthly fee	3.30
06/03/2004	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Russell Karaviotis PO Box 1298 Makawao HI 96768	Website Design	450.00
06/30/2004	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American Savings Bank PO Box 2300 Honolulu HI 96804-2300	5001 Bank Charges & Adjustments : monthly fee	3.26

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)

463.94

899.30

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

Friends of Robb Finberg

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DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
03/01/2004	Office Max 270 Dairy Road Kahului HI 96732	0.00	74.95	<input type="checkbox"/> FORGIVEN 0.00	74.95
	5014C Office Expenses - Office Supplies : stamps -reimburse RF				
03/02/2004	Action Photos of Hawaii Inc. 333 Liliuokalani Street Pukalani HI 96768	0.00	46.88	<input type="checkbox"/> FORGIVEN 0.00	46.88
	5016 Other Direct Campaign Expenses : candidate photos - reimburse RF				
03/12/2004	Ooka Supermarket 1870 Main Street Wailuku HI 96793	0.00	33.31	<input type="checkbox"/> FORGIVEN 0.00	33.31
	5016 Other Direct Campaign Expenses : maile lei for campaign photo - reimburse RF				
06/03/2004	Maui Print Works 70 Central Ave Wailuku HI 96793	0.00	157.16	<input type="checkbox"/> FORGIVEN 0.00	157.16
	5019F Printing - Other : Business cards				
06/15/2004	Costco Maui #119 540 Haleakala Hwy Kahului HI 96732	0.00	60.41	<input type="checkbox"/> FORGIVEN 0.00	60.41
	5014C Office Expenses - Office Supplies : camera disk - reimburse RF				
06/23/2004	Office Max 270 Dairy Road Kahului HI 96732	0.00	17.48	<input type="checkbox"/> FORGIVEN 0.00	17.48
	5014C Office Expenses - Office Supplies : paper - reimburse RF				
1. SUBTOTAL (This Page)			390.19	0.00	390.19
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....					
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....					
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....					

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

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Friends of Robb Finberg

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
06/30/2004	Instant Signs 310 Alamaha Street Kahului HI 96732	0.00	83.33	<input type="checkbox"/> FORGIVEN 0.00	83.33
	5019A Printing - Banners : 4' banner - reimburse RF				
06/30/2004	Kula Post Office Kula Hwy Kula HI 96790	0.00	4.19	<input type="checkbox"/> FORGIVEN 0.00	4.19
	5018 Postage/Mailing : padded mailer & envelopes - reimburse RF				

1. SUBTOTAL (This Page)	87.52	0.00	87.52
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....	477.71		
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....		0.00	
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....			477.71

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.